

<i>SERFF Tracking Number:</i>	<i>PLIS-125688640</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aegis Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>39268</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H04 Health - Blanket Accident/Sickness</i>	<i>Sub-TOI:</i>	<i>H04.001 Student</i>
<i>Product Name:</i>	<i>STU-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Aegis Security Insurance Company

Product Name: STU-AR

TOI: H04 Health - Blanket Accident/Sickness

Sub-TOI: H04.001 Student

Filing Type: Form

SERFF Tr Num: PLIS-125688640

SERFF Status: Closed

Co Tr Num:

Co Status:

Author: John Plisky

Date Submitted: 06/10/2008

State: ArkansasLH

State Tr Num: 39268

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 06/12/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Exempt from filing in Pennsylvania.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/12/2008

State Status Changed: 06/12/2008

Corresponding Filing Tracking Number:

Filing Description:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Blanket

Deemer Date:

This Alternate Schedule of Benefits Rider is to be used with policy form STU-AS-POL-AR (8/07) et al. approved in Arkansas on September 10, 2007. Attached is a copy of the approval notice.

This rider (and the previously blanket accident approved forms) are to be issued to K-12 schools. This rider is new and does not replace any forms currently on file with your office. Marketing will be through licensed agents and brokers.

SERFF Tracking Number: PLIS-125688640 State: Arkansas
 Filing Company: Aegis Security Insurance Company State Tracking Number: 39268
 Company Tracking Number:
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
 Product Name: STU-AR
 Project Name/Number: /

Variable material is donated by brackets. The actual range of benefits amounts and other numerical ranges are shown within the brackets. The other bracketed text is in-or-out, meaning if included it will be as shown, otherwise it will be entirely omitted.

Company and Contact

Filing Contact Information

(This filing was made by a third party - pliskypliskyandcollc)

John Plisky, Consultant j.plisky@verizon.net
 Plisky Plisky & Co. LLC (732) 223-0770 [Phone]
 Brielle, NJ 08730 (732) 223-1776[FAX]

Filing Company Information

Aegis Security Insurance Company CoCode: 33898 State of Domicile: Pennsylvania
 2407 Park Drive, Suite 200 Group Code: Company Type:
 Harrisburg, PA 17110 Group Name: State ID Number:
 (800) 692-7338 ext. [Phone] FEIN Number: 23-2035821

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 form filing x \$50 = \$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aegis Security Insurance Company	\$50.00	06/10/2008	20754724

SERFF Tracking Number:	PLIS-125688640	State:	Arkansas
Filing Company:	Aegis Security Insurance Company	State Tracking Number:	39268
Company Tracking Number:			
TOI:	H04 Health - Blanket Accident/Sickness	Sub-TOI:	H04.001 Student
Product Name:	STU-AR		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/12/2008	06/12/2008

<i>SERFF Tracking Number:</i>	<i>PLIS-125688640</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aegis Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>39268</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H04 Health - Blanket Accident/Sickness</i>	<i>Sub-TOI:</i>	<i>H04.001 Student</i>
<i>Product Name:</i>	<i>STU-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 06/12/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *PLIS-125688640* *State:* *Arkansas*
Filing Company: *Aegis Security Insurance Company* *State Tracking Number:* *39268*
Company Tracking Number:
TOI: *H04 Health - Blanket Accident/Sickness* *Sub-TOI:* *H04.001 Student*
Product Name: *STU-AR*
Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	previous approval	Approved-Closed	Yes
Supporting Document	authorization	Approved-Closed	Yes
Form	Alternate Schedule of Benefits Rider	Approved-Closed	Yes

SERFF Tracking Number: PLIS-125688640 State: Arkansas

Filing Company: Aegis Security Insurance Company State Tracking Number: 39268

Company Tracking Number:

TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student

Product Name: STU-AR

Project Name/Number: /

Form Schedule

Lead Form Number: STU-AS-ALT-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	STU-AS-ALT-AR	Policy/Cont	Alternate Schedule of Initial ract/Fratern Benefits Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider			45	STU-AS-ALT-AR.pdf

AEGIS SECURITY INSURANCE COMPANY
2407 Park Drive, Suite 200 Harrisburg, PA 17110

ALTERNATE SCHEDULE OF BENEFITS RIDER

This Rider is attached to and made a part of Policy Number [STU-AS1000] issued to [ABC School] (the Policyholder) effective [09/01/08]. The Policy/Certificate are hereby amended by replacing **Section 7 – SCHEDULE OF BENEFITS** with the following:

ACCIDENT ONLY BENEFITS

The Policy will pay for Covered Expenses incurred, up to the Policy Maximum shown below, as a result of a covered Injury sustained in an Accident that occurs on or after the effective date of coverage. The first such expense must be incurred within 30 days of the Accident. The covered treatment, care or service must be rendered within 52 weeks of the Accident. Unless otherwise specified, all Benefit Amounts are per Accident. Charges for the following outpatient services will be covered provided they would be covered if performed on an inpatient basis: laboratory and pathological tests, including machine tests, ordered by the attending Physician when necessary to and rendered in conjunction with the medical or surgical diagnosis or treatment of an Injury.

BENEFIT PAYMENTS ARE PAYABLE AT THE APPLICABLE BENEFIT PERCENTAGE AND ARE SUBJECT TO THE POLICY MAXIMUM, DEDUCTIBLE AND MAXIMUM BENEFIT AMOUNTS SHOWN BELOW.

[Custom : Premier Plus : Premier] Plan

POLICY MAXIMUM [per covered Accident]

[\$10,000 - \$50,000]

DEDUCTIBLE

[\$0 - \$1,000]

COVERED EXPENSES

BENEFIT AMOUNTS

HOSPITAL ROOM AND BOARD

Semi-Private Room Rate

HOSPITAL INPATIENT EXPENSES

U&C [up to [\$250-\$1000] first day, [\$250-\$750] per day thereafter, maximum of [\$1,000-\$5,000] per Injury]

HOSPITAL OUTPATIENT SURGERY
(Facility Charge)

U&C [up to [\$1,000 - \$2,000] per Injury]

HOSPITAL OUTPATIENT EMERGENCY ROOM
(Within 72 hours of Injury)

U&C [up to [\$150-\$500] per Injury]

PHYSICIAN NONSURGICAL VISITS
(Except Physical Therapy)

U&C [up to [\$40-\$75] per visit, Emergency Room Physician up to [\$100-\$150] per Injury]

PHYSICIAN SURGICAL SERVICES
(Limited to primary procedure per surgery)

U&C [up to [\$2,000 - \$5,000] per Injury]

ANESTHESIOLOGIST (Percent of Surgeon's allowance)

[20-30]%

ASSISTANT SURGEON (Percent of Surgeon's allowance)

[20-30]%

PRIVATE DUTY NURSING

U&C [up to [\$300-\$500] per Injury]

OUTPATIENT PHYSICAL THERAPY
(And/or office visit connected therewith)

U&C [up to [\$20-\$30] per visit
maximum [\$100-\$500] per Injury]

OUTPATIENT X-RAY SERVICES (Includes charges for reading)	U&C [up to [\$200-\$500] per Injury]
OUTPATIENT LABORATORY SERVICES	U&C [up to [\$50-\$300] per Injury]
DENTAL TREATMENT (Of sound and natural teeth – in lieu of all other medical benefits)	U&C [up to [\$200-\$500] per tooth]
MOTOR VEHICLE INJURY (Subject to Covered Expenses Benefit Amount limits)	Maximum [\$5,000-\$10,000] per Injury
AMBULANCE SERVICES	U&C for first trip to Hospital
DIAGNOSTIC IMAGING SERVICES (Includes MRI, Cat Scans, Bone Scans; includes charges for reading)	U&C [up to [\$500-\$2,000] per Injury]
ORTHOPEDIC APPLIANCES (When prescribed by a Physician for healing)	U&C [up to [\$250-\$750] per Injury]
DURABLE MEDICAL EQUIPMENT (Post surgical only)	U&C [up to [\$100-\$250] per Injury]
EYEGLASSES/HEARING AID REPLACEMENT (If medical treatment is received for covered Injury)	U&C [up to [\$100-\$500] per Injury]
[PRESCRIPTION DRUGS] (Take home drugs)]	U&C [up to [\$500-\$2,000] per Injury]

[MEDICAL EVACUATION / REPATRIATION BENEFIT]

We will pay for Covered Expenses incurred, up to the Maximum Benefit of [\$10,000-\$50,000], for:

- emergency evacuation or repatriation required by the Insured Person due to a covered Injury; and
- while the Insured Person is at least [50-200] miles away from their principal place of residence; and
- if the Insured Person's Physician [and the authorized travel assistance company] determines that adequate medical treatment is not locally available or that the Insured Person's medical condition warrants transportation to their principal place of residence to obtain further medical treatment or to recover.

[To be eligible for the benefits for repatriation to the Insured Person's principal place of residence, the Insured Person must have been confined to a Hospital [for at least [1-7] days].]

Benefits are payable up to the Maximum Benefit shown above for:

- [Usual and Customary] charges for medical services required for evacuation to the nearest adequate medical facility; or
- surface, water [or air] ambulance services [to the nearest airport and air ambulance upon departure]; or
- special air transportation costs to return the Insured Person to their principal place of residence, if the Insured Person's Physician recommends in writing [and the authorized travel assistance company determines] that the Insured Person's condition requires a stretcher, oxygen or other or other special medical arrangements; or
- expenses above the cost of a return airfare ticket held by the Insured Person, or in the absence of a ticket, the cost of an economy airfare ticket.]

[Primary Excess Medical Expense]

If an Insured Person incurs Covered Expenses, We will pay an initial amount of \$100 subject to the terms on the Schedule of Benefits. Additional expenses will be paid only when they are in excess of amounts payable by any other Health Care Plan, regardless of any coordination of benefits provision contained in such Health Care Plan.

“Health Care Plan” means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

- (1) group or blanket insurance, whether on an insured or self-funded basis;
- (2) hospital or medical service organizations on a group basis;
- (3) Health Maintenance Organizations on a group basis;
- (4) group labor management plans;
- (5) employee benefit organization plan;
- (6) professional association plans on a group basis;
- (7) any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended; or
- (8) automobile no-fault coverage.]

[Full Excess Medical Expense]

If an Insured Person incurs Covered Expenses, We will pay the applicable benefit subject to the terms on the Schedule of Benefits that are in excess of expenses payable by any other Health Care Plan, regardless of any coordination of benefits provision contained in such Health Care Plan.

“Health Care Plan” means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

- (1) group or blanket insurance, whether on an insured or self-funded basis;
- (2) hospital or medical service organizations on a group basis;
- (3) Health Maintenance Organizations on a group basis;
- (4) group labor management plans;
- (5) employee benefit organization plan;
- (6) professional association plans on a group basis;
- (7) any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended; or
- (8) automobile no-fault coverage.]

In all other respects the Policy/Certificate remain the same.

This Rider takes effect and expires concurrently with the Policy to which it is attached. This Rider is subject to all the terms, provisions, exclusions and limitations of the Policy and attachments thereto which are not inconsistent with this Rider.

Signed by:



President



Corporate Secretary

<i>SERFF Tracking Number:</i>	<i>PLIS-125688640</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aegis Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>39268</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H04 Health - Blanket Accident/Sickness</i>	<i>Sub-TOI:</i>	<i>H04.001 Student</i>
<i>Product Name:</i>	<i>STU-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PLIS-125688640 State: Arkansas
Filing Company: Aegis Security Insurance Company State Tracking Number: 39268
Company Tracking Number:
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: STU-AR
Project Name/Number: /

Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice Approved-Closed 06/12/2008
Comments:
Attachment:
certification.pdf

Review Status:
Satisfied -Name: Application Approved-Closed 06/12/2008
Comments:
The Application, form STU-AS-APP-AR (8/07), was approved September 10, 2007 in Arkansas.

Review Status:
Satisfied -Name: previous approval Approved-Closed 06/12/2008
Comments:
Attachment:
previous approval.pdf

Review Status:
Satisfied -Name: authorization Approved-Closed 06/12/2008
Comments:
Attachment:
Aegis Security Authority.pdf

Aegis Security Insurance Company
Blanket Student Accident Insurance
Policy Form STU-AS-ALT-AR

COMPLIANCE AND
READABILITY CERTIFICATION

We certify that, to the best of our knowledge, the above captioned policy form complies with the applicable insurance statutes, rules and regulations of the state of Arkansas.

Additionally, the above captioned policy form has been scored using Microsoft Word. The following items were deleted before the scoring was done:

- (1) the name and address of the insurer;
- (2) the name, number and title of the policy form;
- (3) captions and subcaptions;
- (4) specification pages, schedules and tables; and
- (5) words that are defined in the policy forms.

The Flesch score attained was 45.3 and therefore exceeds the minimum Readability score.

A handwritten signature in black ink, appearing to read "J. M. PLS". The signature is fluid and cursive, with the letters "J", "M", and "P" being particularly prominent.

June 6, 2008

JOHN C. PLISKY AND ASSOCIATES

CONSULTING ACTUARIES

617 Union Avenue, Bldg. 1-2 · Brielle NJ 08730 · Phone 732-223-0770 · Fax 732-223-1776

August 28, 2007

Arkansas Insurance Department
Life and Health Division
1200 West Third Street
Little Rock, AR 72201-1904

Re: Aegis Security Insurance Company
NAIC#: 33898 FEIN: 23-2035821

Blanket Student Accident Insurance
Policy Form STU-AS-POL-AR (8/07) et al.

APPROVED
SEP 18 2007
LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

Dear Commissioner:

New Submission. This is a new submission. These Blanket Student Accident policy forms are submitted for issuance on a general basis to in-state K-12 schools.

New Forms. These forms are new and do not replace any of the company's forms currently on file with your office.

Submitted Materials. The captioned policy form, and the attendant forms in the attached *List of Forms*, are submitted in final printed form for your review and approval. However, the certificate may be printed in booklet form instead of as shown in this submission. This alternative will adhere to the same guidelines as required for the submitted forms and will not give undue prominence to any portion of the text.

No PPO. This coverage does not utilize a PPO network (insureds may choose any appropriate provider).

Variable Material. Variable material is shown in brackets. An *Explanation of Variable Material* has been included which explains the significance of brackets and how material in brackets is to be utilized.

Flesch Test. A *Readability Certification* is enclosed indicating that these forms meet your state's minimum requirements.

Domiciliary State Approval. These forms are exempt from filing in Aegis Security's domiciliary state of Pennsylvania.

RECEIVED

AUG 31 2007

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

Filing Fee. Enclosed is a check for \$50 for the filing fee.

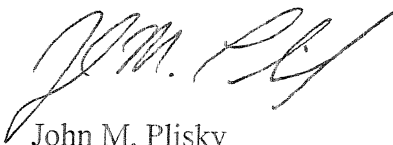
Filing Authority. This filing is being made by John C. Plisky and Associates on behalf of Aegis Security Insurance Company. A letter of filing authorization is attached.

Self-addressed Stamped Envelopes. Enclosed are self-addressed stamped envelopes for your convenience in returning one set of the forms and filing letter when approved.

If there are any questions or comments which you feel could best be handled by phone, please call me at (732) 223-0770 or e-mail me at j.plisky@verizon.net.

Please refer all correspondence regarding this submission to John C. Plisky and Associates.

Sincerely,

A handwritten signature in black ink, appearing to read "J.M. Plisky", with a stylized flourish at the end.

John M. Plisky
Consultant



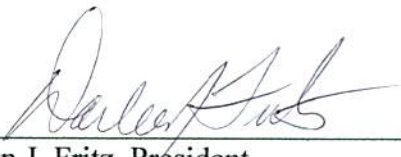
AEGIS SECURITY INSURANCE COMPANY

2407 PARK DRIVE / P.O. BOX 3153, HARRISBURG, PENNSYLVANIA 17105
TELEPHONE (717) 657-9671 / (800) 233-2160 FAX (717) 657-0340

To Whom It May Concern:

Please be advised that until this authority is revoked in writing, John M. Plisky and John C. Plisky, FSA of John C. Plisky and Associates of Brielle, New Jersey are hereby authorized to act as our agent and to perform each and every act necessary in connection with the filing of policy forms and rate information on behalf of Aegis Security Insurance Company.

For: Aegis Security Insurance Company

By: 

Darleen J. Fritz, President

Date: January 4, 2008